

**Recipient Committee  
Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

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COVER PAGE

**CALIFORNIA  
FORM 460**

Page 1 of 2  
For Official Use Only

Statement covers period from <u>JUL 1, 2000</u> through <u>DEC 31, 2000</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate<br>Controlled Committee<br>(Also Complete Part 4.) | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 6.) |
| <input type="checkbox"/> Ballot Measure Committee  | <input type="checkbox"/> General Purpose Committee  |
| <input type="radio"/> Primarily Formed   | <input type="radio"/> Sponsored   |
| <input type="radio"/> Controlled   | <input type="radio"/> Broad Based   |
| <input type="radio"/> Sponsored<br>(Also Complete Part 5.)   |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                      |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                  |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Pre-election<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

**3. Committee Information**

I.D. NUMBER  
981946

COMMITTEE NAME

Committee to Elect Taj Khan to City Council

STREET ADDRESS (NO P.O. BOX)

1112 RIVERGATE DR

CITY

LODI

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209 368 5586

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

TARIQ DIN

MAILING ADDRESS

P.O. Box 1712

E

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LODI CA 95240 209 483-8140

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TAJ KHAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1112 RIVERGATE DR. LODI, CA 95240

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12-22-01  
DATE

Executed on 12-22-01  
DATE

Executed on  
DATE

Executed on  
DATE

By Taryn Dui  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Xajal, P. has  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement  
Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from JUL 1, 2000  
through DEC 31, 2000

CALIFORNIA  
FORM **460**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAJ KHAU

I.D. NUMBER

981946

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ -	\$ -	\$ -
2. Loans Received ..... Schedule B, Line 7	-	-	-
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ -	\$ -	\$ -
4. Nonmonetary Contributions ..... Schedule C, Line 3	-	-	-
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ -	\$ -	\$ -

Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ -	\$ -	\$ -
7. Loans Made ..... Schedule H, Line 7	-	-	-
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ -	\$ -	\$ -
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-	-	-
10. Nonmonetary Adjustment ..... Schedule C, Line 3	-	-	-
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ -	\$ -	\$ -

Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ -
13. Cash Receipts ..... Column A, Line 3 above	-
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	-
15. Cash Payments ..... Column A, Line 8 above	-
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ -

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and  
November Elections

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ -
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ -
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ -

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ -	-
21. Expenditures Made .....	\$ -	-